

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE
						APPLICANT(S)	10/088664
CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1							51
2							52
3							53
4							54
5							55
6							56
7							57
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39							89
40							90
41							91
42							92
43							93
44							94
45							95
46							96
47							97
48							98
49							99
50							100
TOTAL IND.	1	1	3	1	1	1	TOTAL IND.
TOTAL DEP.	1	1	2	1	1	1	TOTAL DEP.
TOTAL CLAIMS	2	2	5	2	2	2	TOTAL CLAIMS

PTO-1340 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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